PTO/SB/05 (08-03)
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UTILITY PATENT APPLICATION **TRANSMITTAL**

Attorney Docket No.	2775(203-3094)	
First Inventor	Joseph P. Orban, III	
Title	ENDOSCOPIC TISSUE REMOVAD APPARATUS AND METHOD	
Express Mail Label No.	EL983568940US 674	

(Only for ne	w nonprovisiona	applications under 37 CFR 1.53(b))	Express	Mail Label No.	EL983	.983568940US 6 7				
1		TION ELEMENTS rning utility patent application contents.	ADDRESS TO: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria VA 22313-1450						48 U.	00/0
(Submit a. Applican Applican See 37 (Cross R - Stateme - Referen or a com - Backgro - Brief Su - Detailed - Claim(s) - Abstract 4. Drawing 5. Oath or Declar a. Drawing 6. Applican See 37 (Cross R - Stateme - Referen or a com - Backgro - Brief Su - Brief Su - Brief Su - Detailed - Claim(s) - Abstract - Claim(s) - Abstract - Copy (for company of the see 3 (for company of t	an original and a talaims small of the common of the commo	[Total Pages	9.	7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. Computer Readable Form (CRF) b. Specification Sequence Listing on: i. CD-ROM or CD-R (2 copies); or ii. Paper c. Statements verifying identity of above copies ACCOMPANYING APPLICATION PARTS 9. Assignment Papers (cover sheet & document(s)) 10. 37 CFR 3.73(b) Statement Power of (when there is an assignee) Attorney 11. English Translation Document (if applicable) 12. Information Disclosure Copies of IDS Statement (IDS)/PTO-1449 Citations 13. Preliminary Amendment 14. Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 15. Certified Copy of Priority Document(s) (if foreign priority is claimed) 16. Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 17. Voter requisite information below and in the first sentence of the convergence of the co						
Continuation Divisional Continuation-in-part (CIP) of prior application No.:										
		19. CORRESPON			tice applied	uon purc	<u>, </u>			
Custome	r Number:			OR [Corres	pondence	e add	ress below	·	
Name N	Aark Farbe	er, Esq.					_			
Jü		A Division of Tyco Healthcare Gro	up, LP							
Address 1	50 Glover Av									
A4	lorwalk		State C		Zip Code 06856					
Country U	Country US Te			onnecticut 203-845-1000		Fax 203-846-5988				8
Name (Print/Type	Edward	C. Meagher	Registra	tion No. (Attorne)	//Agent) /	1,189				$\dot{\neg}$
Signature			5	3, 4	Date March 16, 2004					
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CERTIFICATION UNDER 37 C.F.R. § 1.10 I hereby certify that this correspondence and the documents referred to as enclosed are being deposited with the United States Postal Service on date below in an envelope as "Express Mail Post Office to Addressee" Mail Label Number — El 983568940 U.S.										

Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: March 16, 2003

Edward O. Meagher

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				Complete if Known								
FEE TRANSMITTAL				Application Number								
for FY 2004				Filing Date				March 16, 2004				
				First Named Inventor			itor	Joseph P. Orban, III				
Effective 10/01/2003. Patent fees are subject to annual revision.				Examiner Name								
Applicant claims small entity status. See 37 CFR 1.27				Art Unit								
TOTAL AMOUNT	OF PAYMENT	(\$) 770.00		Attorney Docket No. 2775(203-3094)								
METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)								
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SUBMITTED BY						***	(Complete (if applicable))					
Name (Print/Type) Edward C. Meagher				Atthorney/Agent) 41,189 Telephone (631) 501-5708								
Signature									Date March 16, 200	4		

Edward C. Meagher

CERTIFICATION UNDER 37 C.F.R. § 1.10

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Dated:

March 16, 2004